

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92183 022 \*\*\*\*50.00

0013738

**DOCUMENT # L00000004399**

1. Entity Name

**JAX TELCOM CENTER LLC**



Principal Place of Business

Mailing Address

**701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131**

**701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131**

2. Principal Place of Business

**444 Brickell Avenue**

3. Mailing Address

**1111 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 900**

Suite, Apt. #, etc.

**Suite 2500**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Stuart K. Hoffman, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**1111 Brickell Avenue, Suite 2500**

City

**Miami,**

**FL**

Zip Code

**33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **TELECOM PARTNERS CORP.**  
STREET ADDRESS **701 BRICKELL AVE SUITE 3000**  
CITY-ST-ZIP **MIAMI FL 33131**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Telcom Partners Corp.**  
STREET ADDRESS **444 Brickell Avenue, Suite 900**  
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**JAX Telcom Center LLC**

By: **Telcom Partners Corp.**

**SIGNATURE:**

By: **Allen C. de Olazarra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)